FCC For	m 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Tami Hansen
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4358353391 ext.234
<039>	Contact Email Address: Email of the person identified in data line <030>	tami@mail.manti.com
	Form Type	54.313 and 54.422

(100) Sr Data Cc	(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 502282	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<032>	Contact Telephone Number - Number of person identified in data line <030> 4358353391 ext.234	
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5	
<111>		\bigcirc
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	502282ut112.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets	
<1114>		Yes
<115> 116	عالضال	Yes Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes Yes
Ì		

		C should contact - Number of per iil Address of per ar, were there C should contact - Number of per iil Address of per ar, were there C should contact - Ime Time	regarding this of son identified in son identified in son identified in any reportable (b3>) Outage End Date	data n data line <03 in data line <03 le voice servic Cutage End Time (502282 MANTI TEL CC 2017 Tami Hansen 3> 4358353391 4 0> tami@mail.m ccl> ccl> Number of customers Affected		<d><d><d><d></d> 911 Facilities Affected (Yes / No)</d></d></d>	<e>> Service Outage Description (Check all that apply)</e>	<pre></pre> <pre></pre> <pre>CF> Did This Outage Affect Multiple Study Areas (Yes / No) </pre>	<g><g> Service Outage Resolution</g></g>	<h><h><h><h><h> Preventative</h> Procedures</h></h></h></h>
Study Area Name		- Number of per ill Address of per ar, were there 	regarding this con identified in son identified in any reportable (b3>) Outage End Date	data In data line <03 In data line <03 In data line <03 In voice servic Coutage End Time Outage End Time Outage End	MANTI TEL C 2017 Tami Hansen D> 4358353391 (0> tami@mail.m ccl> ccl> Number of Customers Affected		<d><d> 4d> 911 Facilities Affected (Yes / No)</d></d>	<e>Service Outage Description (Check all that apply)</e>	→ Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution</g>	<h><h></h></h>
Contact Name - Person USAC should contact regarding this data Contact Number of person identified in data line (430b) Contact through contact Number of person identified in data line (430b) Contact Tenal Address - Final Address of person identified in data line (430c) Contact Tenal Address - Final Address of person identified in data line (430c) Contact Tenal Address - Final Address of person identified in data line (430c) Contact Tenal Address - Final Address - Final Address - Final Address - Final Address - Contact Tenal Address - Conta		Cshould contact - Number of per iil Address of per ar, were there Cb2> Outage Start Time	regarding this son identified is son identified is any reportabl Outage End Date	data n data line <03 in data line <03 le voice servic	2017 Tami Hansen D> 4358353391 o	anti.com No <c2> Customers Customers</c2>	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>> Service Outage Description (Check all that apply)</e>	<pre></pre> <pre></pre> <pre>Did This Outage Affect Multiple Study Areas (Yes / No)</pre>	<g><g> Service Outage Resolution</g></g>	<h>>h></h>
Contact Name - Person USAC should contact regarding this data line c030		C should contact - Number of per iil Address of per ar, were there Coutage Start Time	regarding this son identified in son identified in son identified if any reportabl 	n data line <03 in data line <03 in data line <03 le voice servic Cutage End Time (Tami Hansen 1 435835331 4 10 tami@mail.m 10 coutages? 10 ccl> 10 ccl>	No No Customers	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>> Service Outage Description (Check all that apply)</e>	<pre></pre> <pre></pre> <pre>Condition of the control Affect Multiple Study Areas (Yes / No) (Yes / No) </pre>	<g>> Service Outage Resolution</g>	<h><h></h></h>
Contact Telephone Number of person identified in data line <030> Contact Telephone Number of person identified in data line <030> Contact Telephone Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030		- Number of per ar, were there - Outage Start Time	son identified i son identified i any reportabl Outage End Date	n data line <03 in data line <03 le voice servic	0> 4358353391 « 0> tami@mail.m coutages? cc1> customers Affected customers Affected	No No Customers Customers	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>> Service Outage Description (Check all that apply)</e>	<pre></pre> <pre></pre> <pre>Cold This Outage Affect Multiple Study Areas (Yes / No)</pre>	<g>> Service Outage Resolution</g>	<h><h></h></h>
For the prior calendar year, were there any reportable voice service outages? For the prior calendar year, were there any reportable voice service outages? No.		ar, were there cb2> Outage Start Time	son identified i any reportabl 	in data line <03 le voice servic Coutage End Time (0> tami@mail.m coutages? <c1> Number of customers Affected</c1>	No Cc2> Total Number of Customers	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>Service Outage Description (Check all that apply)</e>	<f>Old This Outage Affect Multiple Study Areas (Yes / No)</f>	<g>> Service Outage Resolution</g>	<h>>h> Preventativ</h>
For the prior calendar year, were there any reportable voice service outages? 4a> 4b> 4b> 4b> 4b> 4cb> 4cb> 4cb> 4cb> 4c		cb2> Outage Start Time	cb3> Outage End Date	cb4> Outage End Time (cc outages? (c1> Number of Customers Affected	<2>> Customers Customers	<d>> d> 911 Facilities Affected (Yes / No)</d>	<e>Service Outage Description (Check all that apply)</e>	cf> Did This Outage Affect Multiple Study Areas (Yes / No)	<g>> Service Outage Resolution</g>	<h><h><h><h><h> Preventativ</h></h></h></h></h>
NORS	NORS Reference Number				Customers Affected	Customers	ed> 911 Facilities Affected (Yes / No)	<e>Service Outage Description (Check all that apply)</e>	cf> Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	<h><h></h></h>
Date Time Customers Affected Total Number of Customers Affected Total Number of Customers Affected Total Number of Affected Description (Check Customers Affected Total Number of Affected Description (Check Customers (Yes / No) all that apply)	9				Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
Date Time Date Time Customers Affected Total Number of Time Customers Affected Total Number of Affected Description (Check Customers Affected Desc	g				Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures

Page 3

(300) Unfulfilled Service Request	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	502282
<015> Study Area Name	MANTI TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035> Contact Telephone Number - Number of person identified in data line <030>	4358353391 ext.234
<039> Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com
<300> Unfulfilled service request (voice)	
<310> Detail on attempts (voice)	
Nam	Name of Attached Document
<320> Unfulfilled service request (broadband)	
<330> Detail on attempts (broadband)	
	Name of Attached Document

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 5	502282	
<015>	Study Area Name	MANTI TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact	t regarding this data Tami Hansen	
<035>	Contact Telephone Number - Number of personal Contact Telephone Number - Number - Number of personal Contact Telephone Number -	rson identified in data line 4358353391 ext.234	
<039>	Contact Email Address - Email Address of per <030>	erson identified in data line tami@mail.manti.com	
<400>	Select from the drop-down list to indicate how voice complaints (zero or greater) for voice to calendar year for each service area in which yeary facilities you own, operate, lease, or other	telephony service in the prior Offered only fixed voice you are designated an ETC for	
<410>	Complaints per 1000 customers for fixed voice	ice 0.0	
<420>	Complaints per 1000 customers for mobile vo	voice	
<430>	Select from the drop-down list to indicate ho end-user customer complaints (zero or greate the prior calendar year for each service area an ETC for any facilities you own, operate, lea	ter) for broadband service in Offered only fixed broadband in which you are designated	
<440>	Complaints per 1000 customers for fixed broad	padband 0.0	
<450>	Complaints per 1000 customers for mobile be	proadband	

	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	502282	
<015>	Study Area Name	MANTI TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391 ext.234	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com	
<500>	Certify compliance with applicable service quality standards and consumer pr	otection rules Yes	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	502282ut510.pdf	

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391 ext.234
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	502282ut610.pdf

(1001)		- in almalia - Main					L	700	
Data Co	(700) Price Offerings Data Collection Form	(700) Frice Offerings including Voice Kate Data Data Collection Form	Kale Dala				PCC Form 481 OMB Control July 2013	FCC FORM 48.1 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	ontrol No. 3060-0819
<010>	Study Area Code	a Code			502282				
<015>	Study Area Name	a Name			MANTI TEL C	00			
<020>	Program Year	/ear			2017				
<030>	Contact N	Contact Name - Person USAC should contact regarding this data	should contac	t regarding this d	ata Tami Hansen				
<032>	Contact Te	Contact Telephone Number - Number of person identified in data line <030>	Number of pe	rson identified in	data line <030>	4358353391 ext.234			
<039>		Contact Email Address - Email Address of person identified in data line <030>	Address of pe	erson identified in	data line <030>	tami@mail.manti.com			
<701>	Residential Lo Single State-w	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	ctive Date ervice Charge	1/1	1/1/2016				
<703>	<a1></a1>	<a2></a2>	<a3></a3>	 	<bs></bs>	 	 	 	<>>>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
•									
•									
•									
					See at	See attached worksheet			
-1									
•									

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	<010> Study Area Code	502282
<015>	<015> Study Area Name	MANTI TEL CO
<020>	<020> Program Year	2017
<030>	<030> Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035>	<035> Contact Telephone Number - Number of person identified in data line <030>	ne <030> 4358353391 ext.234
<039>	<039> Contact Fmail Address - Fmail Address of person identified in data line <030>	<pre><030> tami@mail.manti.com</pre>

<d4>></d4>	Usage Allowance Action Taken When Limit Reached {select }										
<d3></d3>	Usage Allowance (GB)										
<d2></d2>	Broadband Service - Upload Speed (Mbps)										
<d1></d1>	Broadband Service - Download Speed (Mbps)										
<>>>	Total Rate and Fees			had	2						
 	State Regulated Fees			See attac	worksheet						
 	Residential Rate										
<a2></a2>	Exchange (ILEC)										
<a1></a1>	State										
<711>	•	 •	•	•	•	 •	•	<u>u</u>		ч.	-

(800) Op Data Col	(800) Operating Companies Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Ctrick Area Code	502282		
<015>	Study Area Name	OC TOB THINKS		
<020>	Program Year	2017		
<030>	: - Person USAC should contact regarding this data	Tami Hansen		
<035>	a line <030>	4358353391 ext.234	234	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com	i.com	
, , , ,	Donarting Manti Telephone Company			
<811>				
<812>	Operating Company			
<813>	<a1></a1>		<a2></a2>	<93>
	Affiliates		SAC	Doing Business As Company or Brand Designation
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(900) Tribal Lands Reporting	ECC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	502282
<015> Study Area Name	MANTI TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035> Contact Telephone Number - Number of person identified in data line <030>	4358353391 ext.234
<039> Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com
<900> Does the filing entity offer tribal land services? (Y/N)	No
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	
	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920,	
demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select Yes or No or Not Applicable
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes	
 <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements 	

		11,005
(1000) V Data Col	(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	502282
<015>		MANTI TEL CO
<020>		2017
<030>		Tami Hansen
<035>		4358353391 ext.234
<039>		tami@mail.manti.com
<1000>	Voice services rate comparability certification	Not Applicable
<1010>	 Attach detailed description for voice services rate comparability compliance 	
		Name of Attached Document
<1020>	Broadband comparability certification	Not Applicable
<1030>	 Attach detailed description for broadband comparability compliance 	
		Name of Attached Document

(1100) N	(1100) No Terrestrial Backhaul Reporting	FCC Form 481
Data Co	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year 2	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen
<032>	Contact Telephone Number - Number of person identified in data line <030>	4358353391 ext.234
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com
<1100>	Certify whether terrestrial backhaul options exist (Y/N) Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	Yes You want to be a second of the second of

(1200) Te Lifeline Data Coll	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
המומ כסו		
<010>	Study Area Code	502282
<015>	Study Area Name	O let truck
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	ron. Pami Hansen
<032>	Contact Telephone Number - Number of person identified in data line <030>	435835391 ext.234
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com
	L	
	95	502282ut1210.pdf
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
	I	Name of Attached Document
<1220>	Link to Public Website	
"Please c	"Please check these boxes below to confirm that the attached document(s), on line 1210,	
or the we	or the website listed, on line 1220, contains the required information pursuant to	
g 34.422(a)(2) a annually report:	(a)(A) aminari reporting for ETCS receiving tow-income support, carriers must report:	
6		
<1771>	telephony service plans offered to Lifeline subscribers,	
6		
<7777>	Details on the number of minutes provided as part of the plan,	
<1223>	<1223> Additional charges for toll calls, and rates for each such plan.	

Data Collection Form OMB Control No. 3060-0986/OMB Control Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers Substance of Price Cap Local Exchange Carriers <010> Study Area Name MANTI TEL CO <015> Study Area Name 2017 <020> Program Year Tami Hansen Tami Hansen <030> Contact Telephone Number - Number of person identified in data line <030> 4358353391 ext.234 Assistanti.com <039> Contact Email Address - Email Address of person identified in data line <030> Lami@mail.manti.com	(2000) Pri	(2000) Price Cap Carrier Additional Documentation	FCC Form 481
502282 MANTI TEL CO 2017 Tami Hansen 3> 4358353391 ext.234 0> tami@mail.manti.com	Data Colle	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
 Study Area Code Study Area Name Study Area Name Study Area Name Program Year Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Lami Bansen Contact Email Address - Email Address of person identified in data line <030> Lami Bani I.manti.com 	Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010> Study Area Code 502282 <015> Study Area Name MANTI TEL CO <020> Program Year 2017 <030> Contact Name - Person USAC should contact regarding this data Tami Hansen <035> Contact Telephone Number - Number of person identified in data line <030> 43583533391 ext.234 <039> Contact Email Address - Email Address of person identified in data line <030> tami@mail.manti.com			
<015> Study Area Name <0200	<010>	Study Area Code	502282
 <0200	<015>	Study Area Name	MANTI TEL CO
 c030> Contact Name - Person USAC should contact regarding this data Tami Hansen c035> Contact Telephone Number - Number of person identified in data line <030> (4358353391 ext. 234 Contact Email Address - Email Address of person identified in data line <030> tami@mail.manti.com 	<020>	Program Year	2017
<035> Contact Telephone Number - Number of person identified in data line <030> 4358353391 ext.234 <039> Contact Email Address - Email Address of person identified in data line <030> tami@mail.manti.com	<030>	Contact Name - Person USAC should contact regarding this data	Tani Hansen
<039> Contact Email Address - Email Address of person identified in data line <030> tami@mail.com	<035>		4358353391 ext.234
	<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com

ses helow (Ves No Not Applicable) to note complian

and Conne	select the appropriate responses below (res, No, Not Applicable) to note compliance as a recipient of incremental high cost support, high cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.	icol incremental righ cost support, righ cost support to on on reported on this form and in the documents attached bel	Iset access charge reductions, ow is accurate.
Inc	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental		
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support		
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only. Round 1 or Round 2 Recipient of Incremental Support?	Name of Attached Document Listing Required Information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii) Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking
broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v) Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3) Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4) Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5) Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391 ext.234
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3003)	Carrier Certifies to 34.313(t)(1)(iii)	Yes - Attach Certific	antian
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	160 Attach Colollic	502282ut3010a.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Not Applicable - No Attachment Required	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR \S 54.313(f)(2)}	(Yes/No) • • •	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications		
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	·	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	~	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	~	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		I
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows]
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	2015 Audited Financial Statement.pdf

REDACTED - FOR PUBLIC INSPECTION

REDACTED

[The Financial Data Summary (FCC Form 481;Lines 3027-3040) of The Manti Telephone Company filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Study Area Code	502282
Study Area Name	MANTI TEL CO
Program Year	2017
Contact Name - Person USAC should contact regarding this data	Tami Hansen
Contact Telephone Number - Number of person identified in data lin	e <030> 4358353391 ext.234
Contact Email Address - Email Address of person identified in data lir	ne <030> tami@mail.manti.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data lin

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the	Name of Attached Document Listing Required Information	

Certification - Reporting Carri Data Collection Form	er	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010> Study Area Code	502282				
<015> Study Area Name	MANTI TEL CO				

<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391 ext.234
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: MANTI TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2016

Printed name of Authorized Officer: Paul Cox

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 4358353391 ext.

Study Area Code of Reporting Carrier: 502282 Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

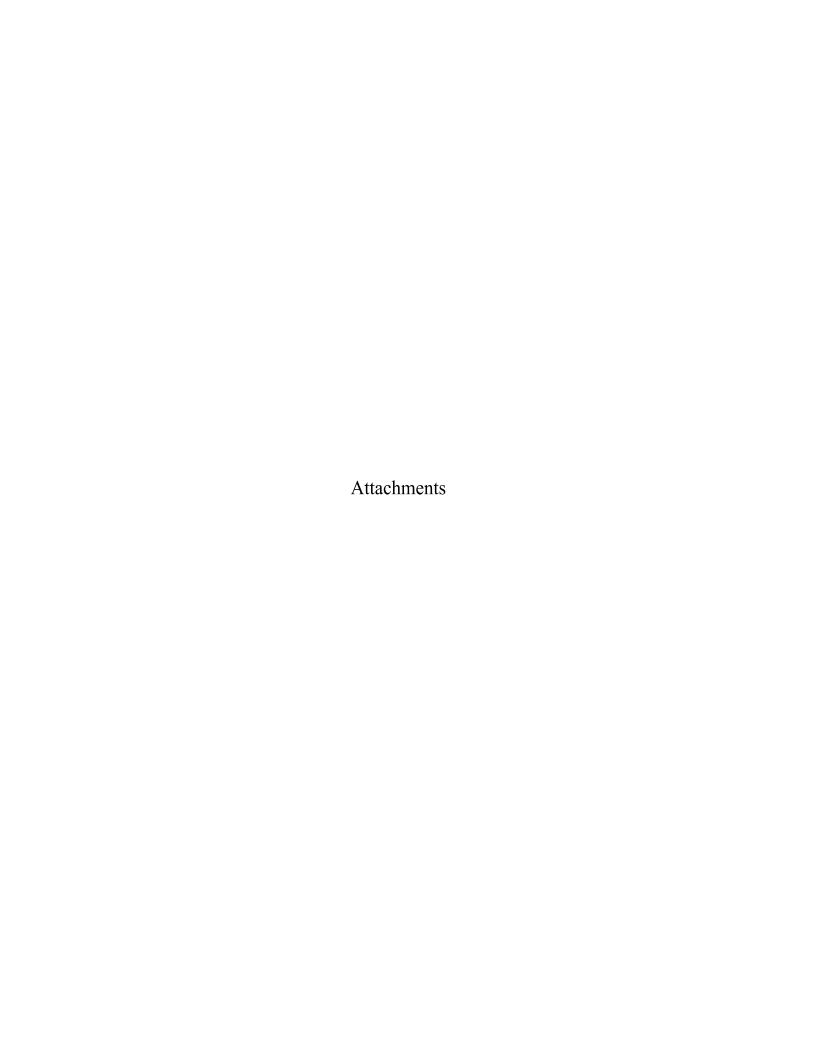
	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	502282	
<015>	Study Area Name	MANTI TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391 ext.234	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to	authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
	is authorized to submit the information reported on behalf of the reportin; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the au and data provided to the authorized agent is accurate.	-
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	•
Persons willfully making false statements on this f	n can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

LI Recipients on Behalf of Reporting Carrier
ice support recipients on behalf of the reporting carrier; I have provided ne information reported herein is accurate.
Date: 06/30/2016



REDACTED - FOR PUBLIC INSPECTION

REDACTED

[The Progress Report of Manti Telephone Company. Filed Pursuant to 47 C.F.R. § 54.313(a)(1) is redacted in its entirety as Highly Confidential Information]

Manti Telephone Company 502282 Service Quality Standards

Manti Telephone Company provides voice services to Ephraim, Manti, and Sterling towns and adjacent unincorporated areas in Sanpete County, Utah. Basic services include unlimited local calling at no additional charge to end users. Lifeline service credit and toll limitation services are available to qualifying low-income consumers.

Manti Telephone Company 502282 Emergency Situations Functional Ability

The facilities are equipped with generators and battery backups to continue operations without an external power source. The use of collapsed rings between our facilities provides multiple paths between facilities to reroute traffic around damaged facilities. Our switches are capable of prioritization to manage traffic spikes resulting from emergency situations.

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	<010> Study Area Code	502282
<015>	<015> Study Area Name	MANTI TEL CO
<020>	<020> Program Year	2017
<030>	<030> Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035>	<035> Contact Telephone Number - Number of person identified in data line <030>	<pre><030> 4358353391 ext.234</pre>
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>	<030> tami@mail.manti.com

<701> Residential Local Service Charge Effective Date<702> Single State-wide Residential Local Service Charge

<703>

1/1/2016

		_					_
<	Mandatory Extended Area	Service Charge	0.75	0.75			
 		State Universal Service Fee	0.17	0.17			
 		State Subscriber Line Charge State Universal Service Fee	0.0	0.0			
<	Residential Local	Service Rate	16.5	16.5			
 b1>		Rate Type	FR	FR			
<a3></a3>		SAC (CETC)					
<a2></a2>		Exchange (ILEC)	Ephraim 283	Manti 835			
<a1></a1>		State	IO	UI			

Total per line Rates and Fees

17.42

FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819	July 2013
(710) Broadband Price Offerings	Data Collection Form	

<010> Stu	Study Area Code	Code			502282				
<015> Stu	Study Area Name	Name			MANTI TEL CO				
<020> Pro	Program Year	ar			2017				
<030> Co	ontact Nan	Contact Name - Person USAC should contact regarding this data	d contact regarding	this data	Tami Hansen				
<035> Co	ontact Tele	Contact Telephone Number - Number of person identified in data line <030>	ber of person identi	fied in data line <030>	4358353391	ext.234			
<039> Co	ontact Em	Contact Email Address - Email Address of person identified in data line	ress of person ident.	ified in data line <030>	tami@mail.manti.com	i.com			
<711>	<a1></a1>	<a2></a2>	 b1>	<bs></bs> <bs></bs> <br< th=""><th><c> <d1></d1></c></th><th><d2></d2></th><th><q3></q3></th><th></th><th><d4>></d4></th></br<>	<c> <d1></d1></c>	<d2></d2>	<q3></q3>		<d4>></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Broadband Service Usag Download Speed - Upload Speed (Mbps) (GB)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
In	T	Ephraim 283	39.95	0.0	39.95	10.0	3.0	666666	Other, no limit
ID	H	Ephraim 283	49.95	0.0	49.95	20.0	5.0	666666	Other, no limit
IU	T	Ephraim 283	69.95	0.0	69.95	50.0	10.0	666666	Other, no limit
IU	T	Ephraim 283	89.95	0.0	89.95	100.0	15.0	666666	Other, no limit
In	T	Manti 835	39.95	0.0	39.95	10.0	3.0	666666	Other, no limit
UI	T	Manti 835	49.95	0.0	49.95	20.0	5.0	666666	Other, no limit
TU	T	Manti 835	69.95	0.0	69.95	50.0	10.0	666666	Other, no limit
IU	T	Manti 835	89.95	0.0	89.95	100.0	15.0	666666	Other, no limit
<u> </u>									
l	ļ							-	

Manti Telephone Company 502282 Voice Lifeline Plan

Manti Telephone Company offers voice lifeline credit to qualifying low-income consumers in the Sanpete County towns of Ephraim, Manti, and Sterling. Lifeline customers receive the same basic services as all other residential customers including unlimited local calling for the base rate of \$16.50 plus applicable federal and state taxes. Certified eligible recipients receive a lifeline service credit of \$12.75 against the local service rate. Consumers must certify their eligibility each year through the State of Utah. Toll limitation services are also available.

MILESTONE CERTIFICATION

June 25, 2016

Re: Form 481 Line 3010 - Milestone Certification Pursuant to 47 C.F.R. 5 54.313(f)(1)(i)

Dear Ms. Dortch:

Manti Telephone Company, Inc., Study Area Code 502282, in accordance with 47 C.F.R. 5 54.313(f)(1)(i) of the Commission's rules, herby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/l Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time,

Respectfully submitted,

Dallas M Cox Vice President

REDACTED - FOR PUBLIC INSPECTION

REDACTED

[The Financial Statement of Manti Telephone Company filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]